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CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Victoria Sellers (Depositor's name)						
05/24/2006 CCHAU2 00000040 10808849					Victoria h	Sel	lers) S	20000	$\frac{1}{\sqrt{2}}$	(Signature)	
01 FC:1501 02 FC:1504		-	May 18, 2006				(Date)				
APPLICATION NO.	300.00 OP FILING DATE	FIRST NAMED INVEN			TOR	А	TTORNEY	DOCKET NO.	CONFIRM	ATION NO.	
10/808,849	03/25/2004	03/25/2004 Joseph Daniel Tobi					MEIP	121513	66	584	
TITLE OF INVENTION: O	PTICAL PATH ARRAY AI	ND ANGULAR FII	LTER FOR T	RANSL	ATION AND ORI	IENTA	TION SEN	SING			
APPLN. TYPE	SMALL ENTITY	/ ISSUE FEE		PUBLICATION FEE			TOTAL FEE(S) DUE		DATE	DUE	
nonprovisional	NO	\$1400			\$300		\$1	700	05/22	2/2006	
EXAM	ART UNIT			LASS-SUBCLASS							
MONBLEAU,	2878							CVANILA (ALL)			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. CHRISTENSEN O'CONNOR 1 JOHNSON KINDNESS PLLC										
3. ASSIGNEE NAME AND											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Mitutoyo Corporation Kawasaki-shi, Japan											
Please check the appropriate assignee category or categories (will not be printed on the patent):											
Issue Fee Publication Fee (No small entity discount permitted)				Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Check No. 170566 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740. (enclose an extra copy of this form).							
• •	MALL ENTITY status. See	37 CFR 1.27.			longer claiming S				1971		
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Authorized Signature	Shih 7	wh			Date	5	/18/	06			
Typed or printed name _	Shoko I. Leek						43,7				
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